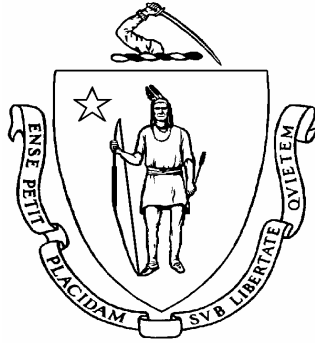


**Commonwealth of Massachusetts
Department of Public Health**



**EMERGENCY DISPENSING SITE
MANAGEMENT AND OPERATIONS**

Attachment to the Template for
Infectious Disease Emergency Planning and Response (IDEP)

Official Edition
Draft Version 1.6
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TABLE OF CONTENTS

Introduction.....	3
<i>Planning Emergency Dispensing Site(s): A Checklist</i>	<i>6</i>
<i>Implementing Emergency Dispensing Site(s): A Checklist.....</i>	<i>9</i>
PLANNING.....	12
1. Establish Planning Team.....	13
2. Identify Dispensing Sites	15
3. Establish Dispensing Site Teams Utilizing the Incident Command Structure (ICS).....	17
4. Develop a Security Plan.....	24
5. Recruit Volunteers	25
6. Workforce Protection Plan	27
7. Plan Training	28
8. Obtain Authorization/Standing Orders	30
9. Develop Communications Plan	31
OPERATIONS.....	34
10. Dispensing Site Operations.....	35
11. Post-Dispensing Site Activities (Recovery).....	42
12. Stand-up Dispensing Site Until Conclusion of State of Emergency.....	43
Appendix A: Resource Numbers	44
Appendix B: Job Action Sheets	49
Appendix C: Acronyms	60
Appendix D: Emergency Dispensing Site Identification Form	62
Appendix E: Sample Memorandums of Understanding (MOU)	64
Appendix F: Chain of Custody: Medical Materiel Transfer Form.....	70
Figure 1: <i>Sample ICS Structure for Dispensing Site Operations</i>	18
Figure 2: <i>Emergency Dispensing Site Operations Flowchart</i>	40

This document will be incorporated into the Template for Local Infectious Disease Emergency Planning and Response as Section D at the next update of that document. That document can be accessed at:
<http://www.mass.gov/dph/topics/bioterrorism/idep.doc>.

*This document is a work in progress and will be updated as new information becomes available.

INTRODUCTION

Community-based Emergency Dispensing Sites (EDS) to administer vaccine or dispense antibiotics are likely to be part of the response to infectious disease outbreaks of any magnitude. These incidents can range from a single case of hepatitis A in a food handler to cases of meningitis in a school to an influenza pandemic or bioterrorist event involving thousands of people or even the entire population.

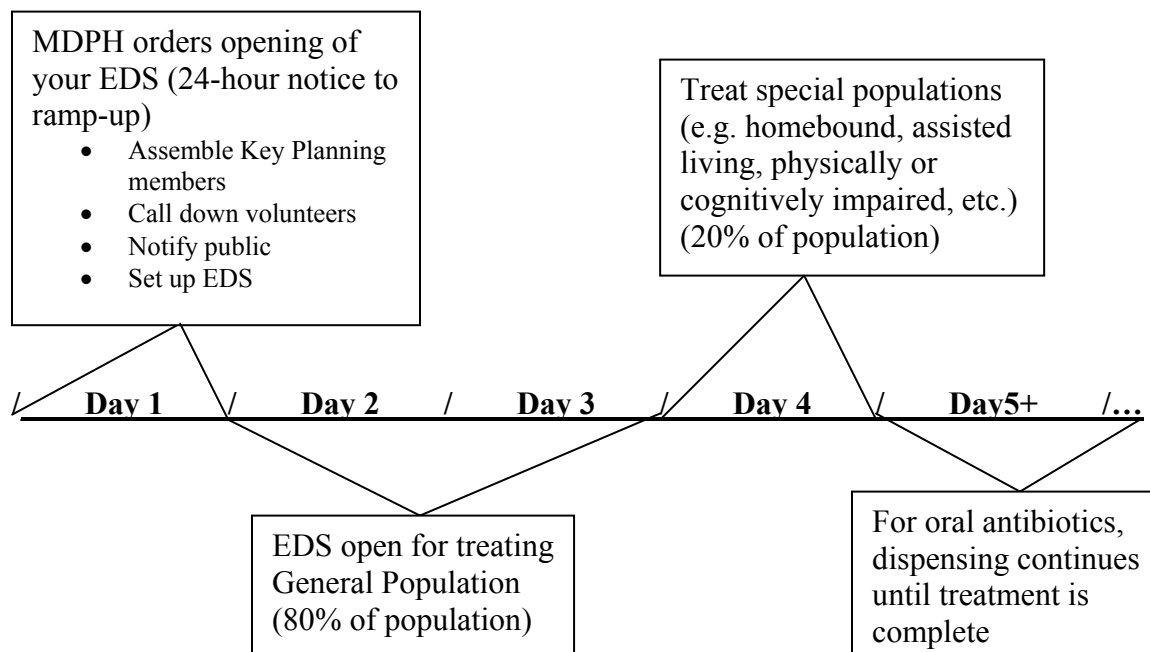
With technical assistance provided by the Massachusetts Department of Public Health (MDPH), every community should have a written plan and be prepared to implement Emergency Dispensing Sites for the residents in their jurisdiction. In a declared emergency, MDPH, working through the Massachusetts Emergency Management Agency (MEMA), will respond to identified local needs for vaccine/medication and medical supplies and will arrange for their distribution to the community EDS.

This document provides guidance to help your community plan its EDS. It is a dynamic document and will be updated as new information becomes available, as drills and exercises are reviewed, and as best practices are identified.

The objectives for the Emergency Dispensing Site(s) are:

- To be set up within 1 day of notification;
- To provide initial vaccination/prophylaxis for the affected population;
- To be sufficiently flexible to adjust to the scope of the event.

While most events requiring the implementation of an EDS will be relatively controlled and localized, a worst-case scenario may require the ability to administer vaccine or dispense medication to 80% of the population in the jurisdiction within 2 days; and then for the remaining 20% of the population over the next day.



The Cities Readiness Initiative

In Massachusetts, the Cities Readiness Initiative (CRI) affects only the City of Boston.

The Cities Readiness Initiative (CRI) is a pilot dispensing model proposed by the Centers for Disease Control and Prevention (CDC). This pilot program is intended to develop best practices to achieve a maximum treatment throughput. Under this pilot project, participating cities (Boston in Massachusetts) will plan for the dispensing of antibiotics to their entire population over approximately 24 hours. Participating cities in the CRI pilot project have been challenged with developing an ambitious dispensing plan in which the initial 24 hours calls for the ramping-up of multiple dispensing sites. In the subsequent 24-hour period **all** residents of the participating city will receive antibiotics dispensed via EDS and other innovative methodology yet to be determined.

The CRI will not affect the dispensing objectives described in this guidance. Cities and towns in Massachusetts are being asked to develop dispensing plans to meet the following benchmarks:

- Administer vaccine and/or dispense oral antibiotics to approximately 80% of the population within 2 days from when the EDS is open and operational and,
- Administer vaccine and/or dispense oral antibiotics to the remaining 20% of the population within the first three days from when the EDS opens and is operational to the general population. This remaining 20% of the population may include those ambulatory individuals who have not received medication within the first two days as well as special populations who may have cognitive, demographic and/or physical limitations which prohibit their attending an EDS and therefore will need to receive vaccine or antibiotics by an outreach program described in each plan.

Depending upon the extent of the event and the geographic distribution of their population, communities may decide to establish:

- One EDS,
- Multiple EDSs, or
- A regional EDS in collaboration with neighboring communities.

Although every community must have a plan to provide mass prophylaxis or vaccination to its residents, several communities may decide to work together to share resources, to enhance efficiencies, and to create one plan. For example, local health officials in Massachusetts may choose to coordinate with other partners in their regional local health coalitions. Each plan may differ as to whether communities will utilize a staging area, how communities will transport persons to the dispensing site locations, and how communities will notify their residents to report to the sites. The operational organization of sites should remain constant across a community or region to allow for the ready exchange of staff from one site to another in the event of a widespread event.

As the planning committees meet, they should focus on four areas to begin the planning process.

1. Site,
2. Security,
3. Staffing, and
4. Communications.

Distribution of the Strategic National Stockpile (SNS)

The Strategic National Stockpile (SNS) consists of an inventory of pharmaceuticals and medical materials managed by the U.S. Centers for Disease Control and Prevention (CDC), and is available to all states. During a declared emergency, state and local health and emergency management officials – working with CDC – will determine the need for federal assets. Once the Massachusetts Emergency Management Agency (MEMA) requests federal assets, SNS materials will be sent to a previously identified warehouse facility and will be turned over to MDPH for staging and distribution to hospitals and community EDS.

In order to facilitate the transfer of medical assets to municipalities during an event, communities must provide information about their EDS(s) to MDPH using the form in Appendix D. MDPH will use this information to develop transportation routes from the MDPH warehouse to the Emergency Dispensing Sites. In addition, SNS medical materials will be apportioned at the MDPH warehouse to meet the daily dispensing/administration needs of each EDS. MDPH must, therefore, know what the anticipated individual 24-hour antibiotic and/or vaccine needs are for each EDS identified in the Commonwealth **before an emergency occurs**. Communities must provide this information to MDPH using the *Emergency Dispensing Site Identification Form* in Appendix D, and update it as necessary.

Understanding the Vaccination/Medication Dispensing Strategy

As soon as possible in the course of an outbreak or a suspected outbreak, state and local health and emergency management officials, in collaboration with CDC if necessary, will determine the appropriate scope (who, where, and when) of the EDS response, based on the following criteria:

- Size of the initial exposure or outbreak,
- Number of individuals to receive vaccine/prophylaxis,
- Status of vaccine/medication supply chain, and
- Possibility that additional new and related cases of disease or potential exposure will be identified in subsequent days based on epidemiologic surveillance.

If necessary because of shortages, the Commissioner of Public Health may decide to prioritize vaccination/prophylaxis for selected groups of individuals. This information will be communicated to local public health officials to aid in determining the extent and magnitude of the event and to help in planning the response needed. However, as plans are put in place, it is important to consider the worst-case scenario and the potential need to vaccinate/provide medication for the entire population of the jurisdiction.

The following checklists for planning and implementing EDS outline the basic elements of a community EDS plan. The following sections of this document describe each element in greater detail. See the complete template for Local Infectious Disease Emergency and Response (<http://www.mass.gov/dph/topics/bioterrorism/idep.doc>) for guidance on all aspects of planning and response to infectious disease emergencies.

NOTE: If you have questions about this document or related issues, please contact your Regional Emergency Preparedness Coordinators and/or Regional Health Educators listed in Appendix A.

PLANNING EMERGENCY DISPENSING SITES: A CHECKLIST

1. Establish Your Planning Team and Incident Command Structure

- ☐ Develop the planning team
 - ☐ Inform and invite political leadership
 - ☐ Include representation from local EMS, fire, public safety, public works, health centers, hospitals, schools, pharmacists, civic organizations
- ☐ Understand your city or town's role and responsibilities
- ☐ Form an incident command structure to assist in designing plans
- ☐ Designate Emergency Dispensing Site coordinator
- ☐ Designate additional coordinators
- ☐ Put roles and responsibilities in writing and get sign-off by all relevant parties
- ☐ Determine the geographic area that will be served

2. Assess Your Community Resources and Needs

Assess Current Health Care System/EMS Resources

- ☐ Hospitals (Will need to be aware of plan and possible transfer of patients)
- ☐ Health centers (May have assets that can be used in an emergency)
- ☐ Long-term care facilities (May have assets such as wheelchairs, buses, etc. that can be used in an emergency)
- ☐ EMS (May be utilized onsite and for transport)
- ☐ Visiting nurse agencies (May have staff that can assist)

Demographic Considerations

- ☐ Identify resident population
- ☐ Identify changes in day/evening population
- ☐ Identify dramatic increases in population i.e., special events or seasonal changes
- ☐ Identify adult population
- ☐ Identify child population
- ☐ Identify most used languages
- ☐ Identify special populations for alternative mechanisms to provide prophylaxis
 - ☐ Homebound
 - ☐ Homeless
 - ☐ Prisons/jails
 - ☐ Elder Housing
 - ☐ Long-term care facilities
 - ☐ Residential facilities/group homes
 - ☐ Residential schools/colleges/universities
 - ☐ Child care centers
 - ☐ Hotels
 - ☐ Immigrant populations (languages, ability to connect with)

3. Identify and Establish Emergency Dispensing Site(s)

- ☐ Determine number of sites needed for the specific community identified
- ☐ Identify location(s) of site(s) using criteria outlined in this document
- ☐ Provide site and contact information to the Massachusetts SNS coordinator on the form in Appendix D
- ☐ Determine if and where there will be staging areas

Security Considerations

- ☐ Resources available in community
 - ☐ Local police
 - ☐ Other security resources (private security companies, volunteers)
- ☐ Traffic control
- ☐ Mechanism to receive state/federal assets
- ☐ ID requirements
- ☐ Site security
 - ☐ Internal
 - ☐ External

Other Considerations

- ☐ Develop a clinic flow chart for each site
- ☐ Develop multilingual signage for all stations of the clinic
- ☐ Develop a plan for vaccination/prophylaxis of people who cannot come to the clinic
- ☐ Coordinate community EDS plans with hospitals, long-term care facilities, residential colleges/universities and prisons/jails in the community

4. Planning for Operations**Communications**

- ☐ Complete the MDPH local health risk communication template. The following data elements are critical:
 - ☐ Plan for informing community of clinic location/times and other preventive measures
 - ☐ Call-down list and mechanism for notifying clinic volunteers
 - ☐ Development of internal site communications
 - ☐ Development of media lists and contacts
 - ☐ Mechanism to receive communication from MDPH (re: recommendations/guidelines, press releases, etc.)
 - ☐ Ensure that adequate staff are trained and have access to the Health and Homeland Alert Network (HHAN)
 - ☐ Familiarize staff with the MDPH website: www.mass.gov/dph
 - ☐ Mechanism to reproduce materials for communication with the public

Staffing Considerations

- ☐ Estimate number of volunteers needed for each role
- ☐ Recruit volunteers for clinical and non-clinical positions
- ☐ Develop identification system for clinic staff/volunteers (credentialing)
- ☐ Develop a work force protection plan to provide vaccine/prophylaxis to clinic staff/volunteers, and their families, prior to opening clinic to the public

Plan Training

- ☐ Provide pre-event training for all coordinators
- ☐ Provide pre-event clinical refresher training for clinical volunteers
- ☐ Plan for just-in-time training for clinic volunteers using job action sheets (Appendix B)

Other Operation Considerations

- ☐ Develop a system to document costs for potential reimbursement
- ☐ Develop a system for data management
- ☐ Develop a plan for annual review and updating of the local EDS plan
- ☐ Plan for regular exercises and drills of the EDS plan

5. Memorandums of Understanding (MOU)

- ☐ Develop and sign a memorandum of understanding (MOU) with:
 - ☐ All facilities/agencies participating in the Incident Command Structure that clearly delineates each party's roles.
 - ☐ Any agency/facility that will be providing space or services.
 - ☐ Any communities that will be working together (e.g. members within a local health regional coalition)

IMPLEMENTING EMERGENCY DISPENSING SITE(S): A CHECKLIST

1. Activate Incident Command Structure and Notify Stakeholders

- ☐ Activate Incident Command Structure

Notify

- ☐ Planning group
- ☐ Political leaders
- ☐ Site (s)
- ☐ Hospitals (Review plan for transfer of patients should the need for additional beds arise)
- ☐ Health centers (Obtain any additional assets that can be used in an emergency)
- ☐ Long term care facilities (Obtain assets wheelchairs, buses, etc that can be used in an emergency)
- ☐ EMS (Will they be utilized on-site and/or for transport?)
- ☐ Visiting nurse agencies (Identify staff that can assist)
- ☐ Local Fire, Public Safety, schools, civic organization
- ☐ Volunteers
- ☐ Neighboring communities

2. Prepare to Operate Emergency Dispensing Site

- ☐ Assess the need for additional assets
- ☐ Contact State Emergency Operations Center (SEOC) if needed
 - ☐ Review event-specific standing orders, patient education materials and clinic forms. Event-specific materials will be posted MDPH web site www.mass.gov/dph and distributed via the HHAN.
- ☐ Obtain signature for standing orders
- ☐ Begin reproduction (copying) of all materials OR contact business that will make copies
- ☐ Determine start of prophylaxis
- ☐ Assign Emergency Dispensing Site coordinator
- ☐ Assign additional coordinators
- ☐ Arrange for the opening of all facilities to be used
- ☐ Arrange for the closure of same facility for other purposes

3. Set-up Emergency Dispensing Site(s)

Set up Emergency Dispensing Site(s) (EDS)

- ☐ Mark/Delineate traffic patterns
- ☐ Obtain buses, drivers if staging area used
- ☐ Organize public transportation system if it is to be used
- ☐ Obtain barriers, cones, etc. for parking and traffic control
- ☐ Obtain walkers, wheelchairs for use in clinics
- ☐ Label all rooms at facilities including rest rooms
- ☐ Mark entrances and exits in large, clear signs

- ☐ Prepare screening, dispensing rooms
- ☐ Arrange for EMT/EMS support for emergencies (EMT with to-go kit, EMS on site)
- ☐ Arrange for facility engineering and janitorial support
- ☐ Prepare refrigerator and /or space for receipt of prophylaxis
- ☐ Test back-up electrical power capabilities
- ☐ Set-up system for communication between stations (walkie-talkie, phone, etc.)
- ☐ Test Internet and phone and other communication tools capability

Demographics Considerations

- ☐ Identify resident population
- ☐ Identify translators for most used languages (as well as translations of materials)
- ☐ Identify any visiting population
- ☐ Identify Special Populations and their needs
 - ☐ Children and families (system, counselors, etc)
 - ☐ Plan for alternative mechanisms to provide prophylaxis to group population (see list below)
 - ☐ Timeline
 - ☐ Responsible agency _____ Contact _____
 - ☐ Check all that apply to community:
 - ☐ Homebound
 - ☐ Indian Reservations
 - ☐ Prisons/jails
 - ☐ Homeless
 - ☐ Elderly Housing
 - ☐ Long-term care facilities
 - ☐ Rest homes
 - ☐ Colleges
 - ☐ Child care centers
 - ☐ Hotels
 - ☐ Immigrant populations (languages, ability to connect with)

Security Considerations

- ☐ Gather team
- ☐ Develop schedule
- ☐ Assign traffic control members
- ☐ Mechanism to receive state/federal assets
- ☐ Prepare and distribute ID's
- ☐ Assign site security members
 - ☐ Internal
 - ☐ External

Communications

- ☐ Follow pre-established risk communication plan
- ☐ Notify community of clinic location
- ☐ Notify community of methodology of attendance
- ☐ Determine timing of press events
- ☐ Notify media lists and contacts
 - ☐ Review communication from MDPH (re: agent, protection, treatment for the

- public)
- ☐ Review materials for communication with the media

Staffing

- ☐ Prepare staffing charts
- ☐ Estimate number of volunteers available
- ☐ Review licensures of all professional staff
- ☐ Assign staff
- ☐ Obtain regulations regarding retired providers, assign these roles
- ☐ Obtain any additional emergency regulation changes, assign associated staff
- ☐ If needed develop a mechanism to inform public of need for volunteers
 - ☐ Newspaper articles
 - ☐ Local meetings
 - ☐ Websites
- ☐ Document names of all volunteers and shifts worked

Workforce Protection

- ☐ Provide prophylaxis for staff and families
- ☐ Utilize this opportunity to practice plan
- ☐ Make any changes to plan based on lessons from providing prophylaxis to workforce, share with all volunteers

4. Commence Dispensing Site Operations

- ☐ Assess daily
- ☐ Make adjustments as needed

Documentation

- ☐ Document costs daily
 - ☐ Assigned to _____
- ☐ Collect data on all participants of dispensing site
- ☐ Transmit data as able (internet system versus hard copy of data)
- ☐ Maintain all records

PLANNING

1. Establish Planning Team

A. Establish the Planning Team

It is important that planning teams be inclusive. Members of the community who represent public health, behavioral health (mental health, substance abuse, social service), public safety, EMS, emergency management, the medical community (include pharmacists, veterinarians), schools, and colleges and universities should be represented along with others (local business, local volunteer/civic groups) who may contribute to the planning process.

B. Determine Number of Emergency Dispensing Site Locations Needed in Your Jurisdiction

Develop your plan for Emergency Dispensing Sites based on the worst-case scenario: the need to provide prophylaxis to and/or vaccination of the entire population of your community. Plans can be scaled back for smaller-scale events.

- Plans should provide for prophylaxis and/or vaccination to approximately 80% of the population within 2 days from the opening of the dispensing site.
- Plan should provide for prophylaxis and/or vaccination of the remaining population by the end of day 3 from the opening of the dispensing site.

The specifics of the Emergency Dispensing Sites – including the number of sites, duration of hours of operation, and number of staff required – should be calculated using the model described below. The number of personnel needed for any one Emergency Dispensing Site will vary depending on the size and layout of the facilities, the location of the site, the geographic or regional area served, and the estimated number of recipients at each site.

Model

For planning purposes, including determining staffing needs, you may use the estimate of 5,000 people processed per site per day (300 people/hour x 16-hour day).

1. Determine the number of people in your jurisdiction.
2. Include permanent and temporary residents (e.g. seasonal, hotel, private schools, college residents, homeless, etc.)
3. Consult with neighboring jurisdictions to avoid overlap or gaps in populations covered.
4. Use the following formula to determine the maximum number of Emergency Dispensing Sites needed. If your planning indicates that your clinic sites can process more than 300 people/hour, adjust the formula accordingly.

$$\text{Total population} \times 80\% \text{ divided by } 2 = \text{number of individuals to treat/day}$$

$$\text{Number of individuals to treat/day divided by 5,000} = \text{maximum number of dispensing sites}$$

For example, for a population of 50,000 and an estimated throughput of 5,000 people/site/day:

$$50,000 \times 80\% = 40,000 \div 2 \text{ days} = \mathbf{20,000 \text{ individuals to treat each day}}$$

$$20,000 \div 5,000 = \mathbf{4 \text{ emergency dispensing sites needed}}$$

* Communities with populations less than 10,000 should consider collaborating with neighboring communities to implement regional EDS with communities included in their local health regional coalitions, as these communities may not have sufficient resources to establish their own EDS.

C. Develop Dispensing Plan

Dispensing plans should include special populations, including elders, those with disabilities, those with serious mental illness, minority populations, non-English speaking populations, and children including those in private schools. Utilize agencies and groups who work with these special populations in the planning process. Some suggestions include:

- Prevent Blindness America <http://www.preventblindness.org>;
- MA Commission for the Deaf and Hard of Hearing <http://www.mass.gov/mcdhh/index.html>;
- Department of Mental Health <http://www.mass.gov/dmh/directory/index.html>; and
- MA Commission for the Blind <http://www.mass.gov/mcb/>.

Plans are in development for the state SNS to provide direct deliveries to long term care facilities, prisons and jails, and hospitals. These facilities will be responsible for providing vaccine/prophylaxis to their employees and residents/inmates/patients. Community EDS planning groups should contact these facilities in their communities or regional coalition areas to ensure that plans are in place and are consistent with the local/regional plan for EDS.

Additionally, local regional planners should communicate with colleges and universities as well as military bases and any other special residential facilities/institutions to determine the need to include students, faculty and military families in their dispensing site plan.

Dispensing Teams

Consider having dispensing teams that can travel to different sites. Dispensing teams to provide medications/vaccinations may include staff from community institutions, visiting nurse associations (VNAs), etc.

Memorandums of Agreement (MOU)

Develop, sign, and review memorandums of agreement with all agencies/facilities/companies that will play a role in the emergency. See Appendix E for sample MOUs.

2. Identify Dispensing Sites

Once it has been determined how many dispensing sites are required to treat the population of the jurisdictions, identify site location or locations.

Determine dispensing site locations based on the estimated number of people to be vaccinated and/or to receive medical prophylaxis and the size and layout of the facility. Ensure that the facilities have not already been designated for other functions during an emergency, such as shelter, quarantine, alternate medical facility, etc.

Other criteria to consider in identifying sites include:

- Location:
 - Sites should be familiar and located within close proximity to the population density
- Accessibility:
 - Traffic flow patterns should avoid bottlenecks and potential gridlock
 - Large parking area and/or off site parking with collection area
 - Access to public transportation and/or on school bus route
 - Separate entrances and exits
 - Handicap accessible
- Space
 - Multiple Rooms
 - Large waiting area
 - Large floor space (e.g. gym, auditorium, cafeteria) for dispensing/vaccine administration
 - Separate rooms for evaluation/vaccination of exposed and/or ill individuals, and for behavioral health assessment and intervention
 - Separate room with cots
 - (Optional) 4-5 rooms for orientation/video viewing to hold 35-40 people each, with chair/desks or a large room with video and audio to address large groups
- Facilities
 - Adequate toilet and sink facilities
 - Kitchen area
 - Refrigeration
 - Internet access
 - Climate controlled (optional)

Equipment needed at EDS may include:

- Locked refrigerator or refrigerator in locked room /the ability to secure vaccine/medications. Vaccine may need to be refrigerated. Consider having additional coolers available.
- 1 or more rapid photocopy (Xerox) machines
- Fax machine
- Telephones - separate lines (1 fax) as well as cell phones and hand held radios
- Computers - desktop and/or laptop
- 4-5 video and/or DVD equipment sets
- Tables and chairs
- Backup generator would be helpful, if available

Memorandums of agreement with agencies/facilities that will be providing equipment or supplies should be developed, signed, and reviewed annually.

Schools or similar facilities are preferred locations because:

- Schools are numerous and serve fairly well defined neighborhoods convenient to the public/residents
- Schools will likely be closed in the event of an emergency and therefore available.
- Because school will be closed, school personnel may be available to assist with the clinic.
- Schools generally have crisis intervention teams.
- Schools are usually on established school bus routes that may be used during the emergency to get people to the clinic.
- Schools usually have parking lots, long corridors, large classrooms, cafeterias, private offices, and other immediately available resources, such as tables and chairs, and offer physical structure that can meet most dispensing site needs.
- Schools have an established mechanism for communicating with their constituencies.
- The use of as many locations as staffing permits will minimize parking and crowding problems at each individual site.
- Schools may have systems of communication between rooms and/or walkie-talkies.
- Schools may have printing facilities.

Because schools may have many resources that may be useful for an EDS, regardless of whether the school facility is used for the EDS, it is important to involve the leadership of the school department or school district in the planning process.

Before final selection, the planning teams should make a site visit to the location to ensure that the facility meets the needs of the EDS operation.

Once a site has been identified, a signed memorandum of agreement should be obtained, and it should be reviewed and re-signed annually. The site location, phone number and the name of the Dispensing Site Coordinator as well as his/her alternate should be sent to the SNS Coordinator at MDPH to ensure delivery of medications and supplies. Use the form in Appendix D to supply this information.

3. Establish Dispensing Site Teams Utilizing the Incident Command Structure (ICS)

National Incident Management System (NIMS)

On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private sector, and nongovernmental organizations to work together during domestic incidents. Beginning in November 2005, all agencies that apply for and receive funding from the Federal government will be required to be "NIMS Compliant." To learn more about NIMS, please go to the NIMS website at <http://www.fema.gov/nims/>.

An on-line course that introduces NIMS can be found at <http://www.training.fema.gov/EMIWeb/IS/IS700.asp>. This course takes approximately three hours to complete. It explains the purpose, principles, key components, and benefits of NIMS. The course also contains "Planning Activity" screens that provide an opportunity to complete planning tasks during the course. The planning activity screens are printable so they can be used after the course is completed.

Emergency Dispensing Site (EDS) Coordinator

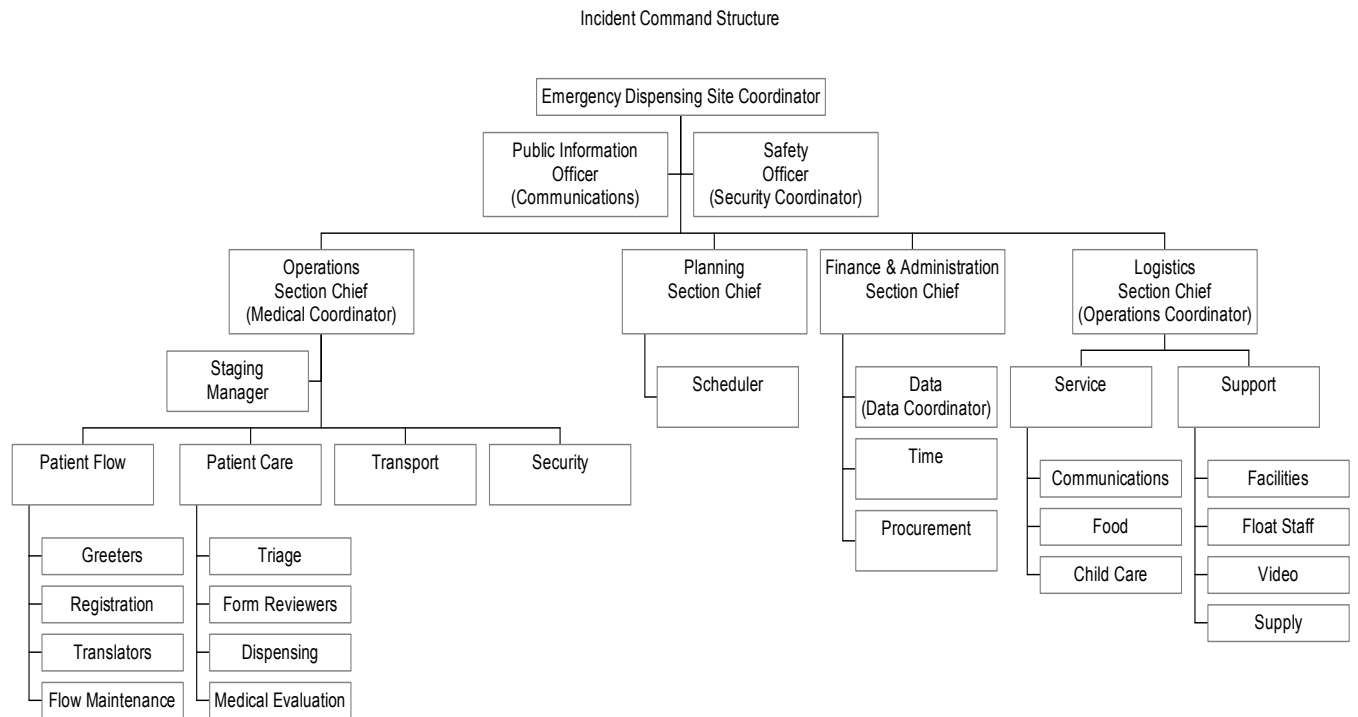
Each dispensing site should have an Emergency Dispensing Site (EDS) Coordinator who is responsible for overall EDS operation, is the primary decision maker for the site, and who supervises all functional coordinators. Depending on the size of the event, the EDS Coordinator will communicate directly with the Emergency Planner at the Emergency Operation Center (EOC) or the local health agent/Board members. For most dispensing sites, the EDS Coordinator will have similar functions to the Incident Commander.

The EDS Coordinator/EDS planning team should recruit additional site coordinators who will take responsibility for various dispensing site functions. These include:

- Operations Coordinator (Medical Coordinator)
- Planning Coordinator
- Logistics Coordinator
- Administration and Finance Coordinator
- Safety Officer (Security Coordinator)
- Public Information Officer (Communications Coordinator)

The roles of each of the coordinators are described below. (Note: One individual may be assigned to more than one function.)

Note: When multiple communities (e.g. a local health regional coalition) and/or agencies come together, a written ICS Plan should be developed, reviewed, and formally adopted by all agencies to assure clear command structure during an event.

Figure 1: Sample ICS Structure for Dispensing Site Operations

Per standard ICS structure, an EDS Coordinator is in charge of each dispensing site. While a unified command structure is possible, it most likely will not be necessary, as each of these operations will be relatively small in scope. The EDS Coordinator has two assistants: a Public Information Officer (PIO) and a Safety Officer. The PIO will be the spokesperson for the Site to any external contact (e.g. media, general public). If necessary, the PIO can also serve as Liaison Officer (LO), based upon local needs. At larger Sites, it may be necessary to have a separate Liaison Officer. The LO is assigned to the incident to be the contact for assisting and/or cooperating Agency Representatives. The Safety Officer is responsible for the general physical safety of both staff and public within the Site.

Each Site will have Section Chiefs:

- (1) Operations,
- (2) Logistics
- (3) Planning, and
- (4) Finance & Administration.

NOTE: The descriptions below are provided as samples. Sample job action sheets are attached in Appendix B. The scope and resources of each dispensing site will dictate how these roles expand or contract. Please see Figure 1 for a diagram of a sample ICS structure for dispensing site operations.

1. Operations (Ops)

The Operations Section (Ops) Chief reports directly to the EDS Coordinator. The Ops Chief has the largest scope of responsibility: ensuring the receipt of prophylaxis. Ops has four branches:

- a. Patient Flow,
- b. Patient Care,
- c. Transport, and
- d. Security.

Patient Flow

Patient flow is in charge of moving the public through the Site. The Patient Flow Director reports to the Ops Chief. There are four groups within Patient Flow: Greeters, Registration, Translators and Flow Maintenance. Depending on the size of the overall operation, it most likely will not be necessary to have a group supervisor. However, at large Sites, it may be helpful for planners to consider this additional role.

Greeters are most likely the first staff members the public will interact with upon arrival at a Site. The purpose of the greeter is to welcome the public and to direct them to where they need to go. Due to the high stress level at EDS, greeters should be as calm and responsive to individual needs/concerns as possible while still controlling the flow of a large number of people. Greeters should be able to briefly orient the public to the clinic process and to answer basic questions about the process ahead. It is important that greeters be able to spot people who appear unusually stressed or who may be exhibiting signs of illness, infection or other medical condition, which could endanger other public or staff. Greeters will direct these individuals to Triage (see below).

Registration is where people provide their basic personal information for data management and follow-up, if necessary. All clinic forms will be available on the MDPH website and through the HHAN.

Translators should be available for all the languages spoken in the community/local regional coalition area. The planning team should determine the demographics within a community so that such contingencies are planned for. Translators may need to accompany non-English speaking people through the entire EDS process.

Flow maintenance staff will float throughout the EDS to ensure a steady flow at all stations and to alleviate backups and bottlenecks where feasible. This may be accomplished by adding staff to overburdened stations, by slowing the entrance of patients to the site, or any other steps deemed appropriate. Flow maintenance staff should consult with the Patient Flow Director before instituting any adjustments to the system, as other decision makers may need to be consulted.

Patient Care

Patient care oversees all clinical activities within the Site. The Patient Care Director reports to the Ops Chief. There are four groups within Patient Care: Triage, Forms Review, Dispensing and Medical Evaluation.

Triage is the first level of clinical evaluation when individuals arrive and, for various reasons, are identified by Greeters as possibly needing immediate medical care. People identified as having high levels of stress or acting out should be referred to the behavioral health team. Those displaying signs or symptoms of illness, infection or other medical conditions will be referred for medical evaluation. After Triage evaluation, patients may enter into the normal queue if they are medically cleared, be directed to Medical Evaluation (see below), be referred to Transport (see below), or perhaps be removed from the Site if they pose a physical danger to staff or other public. Removal would involve referral to Security and Behavioral Health, if necessary (see below).

Behavioral Health addresses the emotions, thought processes and behaviors related to emergencies, such as stress, fear, disruption of normal activities and functions, a sense of personal vulnerability and disruption of community cohesion. Behavioral health responders attend to the needs of individuals in distress and help maintain a comfortable and safe dispensing site by anticipating crises and intervening quickly when necessary, thus allowing the staff to continue their work. Behavioral health responders should circulate throughout the clinic to assess and address the emotional needs of both patients and staff. They can meet with individuals and families privately as needed and determine additional treatment needs, including the need for transfer to other facilities. The Behavioral Health Coordinator reports to the Patient Care Coordinator.

Forms Reviewers review completed patient information sheets that have been filled out by patients before they can receive their medication/immunization. If any answer on the information sheet raises a concern (e.g. contraindication for standard treatment, serious medical condition), the Reviewer refers the patient to Medical Evaluation (see below). If there are no issues raised by the information review, the patient proceeds to Dispensing.

Dispensing is where patients receive their vaccination or prophylaxis medication. The Dispensing staff may need to administer vaccines or hand patients prepackaged medication. Drug-specific information literature will also be given at this time, and patients will have an opportunity to speak with a pharmacist if they desire. In the case of vaccination, patients will also be informed about how to care for their vaccination site.

Medical Evaluation is where more comprehensive medical screening is conducted by a clinician upon referral by either Triage or Screening. If, after examination, Medical Evaluation deems it

appropriate for a patient to receive either standard treatment or an available (on site) alternative treatment, the patient can be returned to the queue at whichever point they were diverted. If more comprehensive medical intervention is required, the patient will be referred to Transport (see below).

Transport

Transport is responsible for promptly removing patients from the Site and for transporting them to a health care facility. The Transport Director reports to the Ops Chief. Transport personnel will most likely consist of local or regional ambulance staff, but may also consist of alternative transportation options, if necessary. During the planning process, it is important for local preparedness staff to consider what patient transportation assets they have at their disposal. If, during the Triage or Medical Evaluation process, it is determined that a patient requires medical care that cannot be provided at the Site, that patient is referred to Transport, who may take that patient to a predetermined health facility. Transport should coordinate with the Ops Chief (or designee) to ensure that all transported patients are tracked through the on-site patient tracking system.

Security

Security is responsible for the protection of all individuals at the Site as well as the facility itself. Security will usually be handled by the local law enforcement agency. While the Security Director should maintain open communication with the Ops Chief, ultimately the Security Director reports to his/her superior officers and the Chief of Police. In smaller municipalities, the Security Director may be the Chief of Police. In-depth preparation is vital in the planning process with regard to security matters, as connectivity must be established and all proper chains of command should be worked out in advance. The Security Director must bring specific security concerns to the municipal planners, the Site Commander and the Ops Chief in advance so that they may be dealt with as soon as possible. It is important to determine the size and scope of the security requirements for each Site, so that local law enforcement can determine if they can meet those requirements in addition to other required duties, or if they need to call in additional assistance either from the Commonwealth or through mutual aid agreements with members of communities within their regional coalitions.

2. Logistics (Log)

The Logistics Section (Log) Chief reports directly to the EDS Coordinator. In addition, the Log Chief works closely with the Ops Chief to ensure that all necessary support is available for the proper and efficient operation of the Site. Log may have two branches:

- a. Service, and
- b. Support.

The efforts of the two branch coordinators are headed by a branch director, and each branch consists of several groups. In the case of smaller EDS, all groups may report to the Logistics Section Chief.

Service

The Service Director reports to the Log Chief. The Service branch has three groups: Communications, Food and Child Care.

Communications is in charge of obtaining, managing and maintaining a communications system both within the Site as well as between the Site and outside contacts (e.g. local, regional or state). The Local Emergency Planning Committee (LEPC) will most likely be responsible for obtaining a communications system and would be the point of contact for the Communications group. The

Communications group will also be required to maintain a manual network should the primary system fail. (Note: The completed risk communications templates would be important here.)

The *Food* group is in charge of ensuring that food and beverages are available on site for staff and the public. Staff members may be at the Site for as long as 12 hours or more, and they may not have the ability or time to leave the Site to get something to eat. The Food group will need to communicate with Security personnel to ensure that approved vendors are permitted on the premises when delivering food and beverages.

The *Child Care* group is responsible for establishing and maintaining childcare services for staff and the public at each Site. It must be assumed that if Sites have been activated, normal day-to-day functioning has been affected and children are not in school or daycare. If community volunteers are recruited, it will be necessary to provide on-site childcare services. In addition to staff, it may be preferable for patients going through the Site to leave children in a child care room to expedite their time through the system.

Support

The Support Director reports to the Log Chief. Support has four groups: Facilities, Float Staff, Video and Supply.

Facilities is in charge of maintaining the infrastructure within each Site. This includes the initial set up of the Site (e.g. rooms, tables, cones, barriers, signs), the janitorial maintenance of the Site, and handling any emergency situations that arise.

Float Staff will be needed to provide break times for staff at various stations throughout the Site and to assist with the overall flow maintenance within the process. Float Staff personnel will need to be versatile, as they may need to provide coverage for any function within the Site, from greeter to screener to janitor.

Video personnel will be responsible for operating and maintaining entrance and exit videos, if available. These videos will assist the public by monitoring the Site process, the particular threat which has prompted the necessity for the Site, specific information concerning the medication or vaccination that is being dispensed or administered such as drug interactions or contraindications, and post-administration cares and concerns. These videos will be continuously running and must not impede the smooth flow of the public through the Site.

Supply staff will ensure that each station has exactly what it needs to maintain a steady flow of the public through the Site. Supply personnel will work closely with the Procurement unit to make sure the supplies are on site and that the Supply group can keep the stations stocked. The Supply staff will also be the point of contact for the various stations' staff should something new be required that had not previously been supplied. Supply will then work with Procurement to obtain the necessary items.

3-4. Planning and Finance & Administration

The Planning Chief and the Finance & Administration Section Chiefs report directly to the EDS Coordinator. The Finance and Administration Section Chief is responsible for documenting costs. In the situation of a declared emergency, federal funds will be made available to reimburse costs. In smaller Site operations, it is feasible to combine these roles and to have one individual serve in

more than one role in “Planning Finance & Administration (PF&A).” Within PF&A, there are three components: Data, Time and Procurement. The Data Unit traditionally falls under the Planning Section, while Time and Procurement are elements of the Finance & Administration Section.

Data is in charge of tracking all patient information collected during the process through the Site. Forms for data collection will be available on the MDPH website and through the HHAN. *Time* is in charge of tracking the on site timekeeping of all staff. *Procurement* is in charge of obtaining materials and supplies that are needed to maintain a Site for up to several consecutive days. This may include, but not be limited to, forms, office supplies, communication devices, computer equipment, drinking water, food and cots.

For more information on Incident Command Structure:

- Contact your Regional Health Coordinator Educator (See Appendix A)
- Visit the FEMA Web site <http://mass.gov/portal/index.jsp?pageID=aghome&agid=mema>
- Consult the MEMA Calendar for educational programs:
http://mass.gov/portal/index.jsp?pageID=agcc&agid=mema&agca=trainingandevents&agcc=training_calendar

4. Develop a Security Plan

The Safety Coordinator/Security Coordinator (who may be one person based on emergency dispensing site size) should assess the availability of security/safety personnel. Behavioral health concerns should be addressed in safety and security plans. Additional persons, volunteers, may need to be recruited and trained to assist in these functions. Possible security volunteers may be retired police and fire personnel. When recruiting volunteers, consider obtaining valid ID from those recruited.

Security plans should be developed for:

- Traffic control,
- Site security both inside and outside, and
- Crowd control.

In addition, consider utilization of a staging area relating to traffic and site security.

If agencies will be used to provide security services, memorandums of agreement should be developed, signed and reviewed annually.

5. Recruit Volunteers

The Dispensing Site Coordinators should recruit volunteer staff necessary to carry out the functions under their purview.

Examples of sources for volunteers include:

- School employees such as teachers, nurses, custodial staff, Parent Teacher Organizations members (schools would likely be closed during an emergency)
- Community faith-based leaders
- School-based health center staff
- School crisis teams
- Local behavioral health and social service clinics, including substance abuse programs
- Civic organizations, such as Rotary and Kiwanis
- Volunteer organizations such as Retired Service Volunteer Corps (RSVP), Americare volunteers
- Retired nurses, physicians, and other health care providers (e.g. pharmacists and pharmacy technicians)
- Medical Reserve Corp members
- CERTS – Community Emergency Response Team(s)
- LEPC (Local Emergency Planning Committee) and/or REPC (Regional Planning Committee)

"Volunteer groups provide not just the manpower to make a successful vaccination campaign, they also provide important links to the community, through which people more willingly accept health department activities." JW Leavitt. Public resistance or cooperation? A tale of smallpox in two cities. Biosecurity and Bioterrorism: Biodefense Strategy, Practice and Science. 2003;1:191.

Places to recruit volunteers include:

- Web site: Some communities have utilized their websites to both recruit and collect data on volunteers. See: http://www.tahd.org/bio_volunteers.htm.
- Articles in the local papers to recruit volunteers.
- Flyers at target agencies or organizations

In addition, consider the need for translators, escorts for those with difficulty in navigating the facility, day care providers for children of volunteers, food preparers, etc.

Using above considerations, determine the number of medical and non-medical volunteers needed (See next page).

The following staffing pattern per shift per dispensing site is recommended in order to process **350 people per hour for 16 hours** or two 8-hour shifts (5,600 persons per 16 hour day). Fewer volunteers would be needed **OR** more persons could be processed if the dispensing site ran for more hours with two 10-hour or 12-hour shifts. The staff in the table below does not include the Site Commander and the EDS Coordinator.

Role	Examples of personnel who may fill these roles	Number of positions
Clinical		
Triage to direct ill patients to other facilities and contacts to separate evaluation station	Persons skilled in triage	5
Medical screener – review hx of those with contraindications (est. 5-10 min/person)	MD, RN, PNP, PA, EMT, Dentist	8
Physician evaluator	MD, PNP	1
Pharmacy	RPh	2
Pharmacy Technicians	Pharm. Tech./ others	4
Vaccinator (Note: Consideration should be given to identifying one or more persons to assist each vaccinator whose responsibility will be to prepare the site for vaccination and in the case of smallpox, apply the dressing post vaccination.)	RN, other licensed clinicians, EMTs, pharmacists, medical & nursing students in emergency	8
Behavioral health staff	Psychologist, psychiatrist, social worker, therapist, crisis counselor, psychiatric nurses and substance abuse clinicians	4
Total Clinical		32
Non-Clinical Staff		
Medical form distribution/helper (May cross train with Greeters/float staff)	Non-medical	4
Greeters/Float staff (May cross train with medical form distributors/form helpers as above)	Non-medical; individuals with good interpersonal skills	4
Data entry	Data entry experience	5
Contact evaluation unit – interviewing of contacts	Epidemiologists, clinicians, public health research staff	2
Security/Internal crowd control	Security	10
Security/External crowd control	Security	10
Maintenance/Housekeeping staff	Non-medical	2
Total Non-Clinical Staff		37
TOTAL STAFF NEEDED		69

6. Work-Force Protection Plan

Develop a plan to provide vaccination/prophylaxis to emergency dispensing site staff, other responders and health care workers in the community, and their families, prior to opening the site to the public.

Use the process of providing vaccination/prophylaxis to volunteer staff and their families as a training and practice session to identify the need for more training and for adjustments to the dispensing site setup and flow.

7. Plan Staff Training

General Training Guidelines

- Provide orientation for all staff on the overall purpose, function, and flow of the dispensing site as well as specific verbal and written directions for their individual roles. [See Appendix B for Job Action Sheets.]
- Provide a floor diagram with annotations to show traffic flow, the functions of all dispensing site stations, and a list of staff assigned to each role and each station.
- Review the general responsibilities of each area of the dispensing site with the entire staff.
- Provide each station with written information regarding specific functions of the station, where the supplies and resources are located, and who their consultants are as well as how to summon them.
- Assign a specific station to each volunteer, with cross training to at least one other station. In small dispensing sites, there are roles within the site that will need the flexibility to accommodate the needs of the site, to decrease congestion and waiting time (bottlenecks and lags), and to permit breaks for staff. In larger sites, this can be accomplished by cross training. Therefore, consider orienting staff in small, interchangeable teams.
- Orient all staff to the presence and functions of behavioral health staff.
- Emergency personnel should also attend the group orientation and they should be given information about the agent and about managing potential exposure to the agent. They should be familiar with the layout of the site, with their role, and they should know where ill patients would be maintained prior to transport.
- Provide a walk through of the facility for all volunteers.

Clinical Staff Training Guidelines

- All clinical volunteers involved in Emergency Dispensing Sites should receive training, emphasizing:
 - Proper administration of vaccine or dispensing of medications and screening for contraindications.
 - Procedures for triage, for reporting suspected cases, and for maintaining communication with MDPH.
 - Large numbers of volunteers can be trained through a train-the-trainer model utilizing materials such as CDC satellite-based courses, web pages, videocassettes, CD-ROM courses, and written training materials.
 - Educational materials targeted to local Emergency Dispensing Site staff should be made ready for rapid distribution. These materials should provide detailed medical information

about the agent and the vaccine/medication being used and should highlight potential side effects and their clinical management. Educational materials will be made available on the MDPH web site and/or the Health and Homeland Alert Network (HHAN).

- Ideally, vaccinators should practice on each other and other clinic staff before administering vaccine to the public. Copies of package inserts, MMWR, VIS, and any other significant administration materials should be available during training and actual operations.
- Hold daily debriefings to assess staff performance and ascertain if additional training or dispensing site reconfiguration is needed.

8. Obtain Authorization / Standing Orders

Model standing orders for administration of vaccine or dispensing of medication and for emergency treatment will be on the MDPH web site (www.mass.gov/dph/) and/or through the HHAN.

The standing orders must be approved and signed by a medical professional authorized to prescribe, usually the Operations Coordinator, who must also approve the content of informational materials and serve as medical consultant for all clinical staff. In certain situations, the MDPH chief medical officer may issue a statewide order.

9. Develop Communication Plans

Internal Communication

Internal communication plans must be developed for:

- Internal communication between dispensing site stations, and
- Communication between dispensing site and external agencies (e.g. local Emergency Management director, local Board of Health, fire, police).

Schools have preexisting emergency plans that may be utilized for communication purposes. Many schools have internal phone systems and/or public address systems and some schools have walkie-talkies.

External Communication to the Public and Media

A plan for providing the population with information about site location and the target population, and any additional information, should be developed and may be an appendix to the local/regional risk communication plan. Patient education materials will be available on the MDPH web site and/or the HHAN. All dispensing sites should use the same patient education materials.

A. *Plan what information the public needs to know.*

The following information should be communicated to the public in as many languages as needed:

- Target population
- Site location and directions
- Dates and times of operation
- Type of identification to bring, if required
- Length of time the process may take
- Type of clothing to wear
- Culturally appropriate information

It should be clearly stated that those who do not meet the defined criteria would not be treated. If the Emergency Dispensing Site will be identifying and screening for possible contacts, state this clearly in the information provided to the public.

In addition to information about the specific site being publicized, a concerted effort should be made to provide information to the public that emphasizes:

- The rationale for dispensing site strategy
- Disease containment measures are effective
- All possible measures are being taken to prevent the further spread of the disease
- What they can do to help
 - Car pool to sites
 - Help neighbors with childcare
 - Drive physically disabled, etc.

B. Plan mechanisms for release of all information to the public.

Start with school's existing emergency communication plans (e.g. school closing due to weather), if any exist. Consider the following guidelines:

- Develop media lists and contacts (see MDPH risk communication and IDEP templates)
- To ensure accurate reporting by the media, a list of subject matter experts and media spokespersons from state and local public health and safety agencies, CDC and community partners should be developed and made easily accessible to the media through an approved format.
- The information disseminated must clearly describe the groups for whom the site is intended (and not intended), and the rationale for the designations.
- Using professional public relations assistance when available, announcements should be prepared and released for the television, radio, and newspaper media.
- If specific groups require additional information, (e.g., to counteract misconceptions about the disease, prophylaxis or treatment of certain groups) site organizers may need to distribute flyers to targeted populations in apartment buildings, neighborhoods, workplaces, schools, and/or religious centers.

C. Plan a system for determining when and who will come to the dispensing sites.

Consider the following:

- Unless individuals are to be vaccinated, consider having a household representative go to the emergency-dispensing site. The household representative should know the names, dates of birth, medications individuals are currently receiving, allergies and significant health history for those individuals he/she is representing. In addition, the household representative should know the heights and weights of children he/she is representing to determine the proper dose of liquid medication to be dispensed for the children.
- If families arrive together they should be kept together.
- To determine how to group families, zip codes, alphabetic letters, street names or numbers, rubbish pickup routes, polling districts, or school bus routes may be used to designate a specific date and timeframe for families/family representatives to arrive at the Emergency Dispensing Site.

D. Develop a plan for communicating with special populations:

- Certain special populations groups (i.e. various language groups) may be asked to come at a specific time and date (i.e. when translator resources are available).
- If special transportation can be provided for physically disabled or elderly persons, the telephone number for requesting special transportation should be included in all publicity.
- If necessary, individuals who can be called upon to serve as interpreters should be identified to help inform non-English speakers. This list should note the foreign languages spoken by these individuals. To improve understanding of the subject matter, photographs and graphics should be provided in various media.

E. Develop a plan for securing communication systems and routines

- Each dispensing site must have a working phone and, preferably, Internet connectivity, so that forms can be accessed and data entered directly into the MDPH inventory management system.
- If available, walkie-talkies, cell phones and pagers should be distributed to the dispensing site staff. Replacement batteries and/or battery chargers for each device also should be made available.
- A list of important phone numbers should be distributed to all dispensing site staff.

OPERATIONS

10. DISPENSING SITE OPERATIONS

The Dispensing Site Process (Figure 2)

The following paragraphs describe operation of a medium to large dispensing site. Regardless of dispensing site size and location, the functions and routing procedures remain essentially the same. Staffing needs will vary depending on dispensing site size, and in a small dispensing site situation some roles can be consolidated or eliminated.

Step 1: Triage

When dealing with a communicable disease or public health emergency, potential recipients should be triaged at the point of entry to the dispensing site or at the staging area. As recipients approach the staging area or the dispensing site, security personnel handling outside traffic flow and parking should route them to the triage area. Triage by an EMT or clinician should occur at this point.

- Recipients who have been exposed to the agent or to cases should be escorted to a separate room/area for interviewing and possible transportation to a quarantine facility.
- Recipients who are medically ill should be referred for medical evaluation and possible transfer to a medical facility by emergency medical services.
- Distressed individuals should be referred to the Behavioral Health Staff.
- Non-English speaking recipients should be assigned a translator.
- Recipients who may have difficulty following directions or who have mobility limitations should be assigned an escort.

Step 2: Forms and Information (Greeters and assistance should be available throughout the process)

As they are entering the building, recipients are directed to a location where the greeter/educator briefs each group of up to 30. The briefing includes:

- Description of the dispensing site process.
- Discussion of all required forms and instructions and assistance in completing the paperwork.
- Written information about the disease, agent and vaccine/medication, and a toll-free 24/7 telephone number to call with questions.
- Opportunity to ask questions.
- If available, a video may be shown. (In an emergency, state supplied videos may be provided to television channels.)

The number of persons in the orientation briefings can vary to accommodate the rate at which people arrive. Multiple educator/greeter locations may be necessary. Orientation locations can also serve as holding locations if bottlenecks occur along the dispensing site line. This method will ensure a steady flow of vaccine recipients to the next step.

Step 3: Forms Review

After orientation and the completion of paperwork, individuals and families should be directed to registration tables where the staff will check each recipient's form for completeness and accuracy,

collect basic registration information, and ensure that the consent form is signed, unless otherwise instructed. (In situations where the vaccine being administered is currently not Food and Drug Administration approved for treatment for the organisms they are being used for, informed consent from household representatives may be required for the administration process to proceed.)

Persons who have indicated they have no contraindications (all no's on form) and who have signed the form are to be directed to the dispensing/vaccination area. Those with contraindications or ANY question of contraindications are to be directed to medical screening.

Step 3A: Screening for Contraindications

Screeners will see only those individuals who have possible contraindications/medical questions. Only persons who answer positively to certain questions will be medically screened. Persons with suspected contraindications are directed to a separate station for more in-depth evaluation. Recipients or family representatives may be asked to sign a consent form prior to the receipt of any treatment.

Step 4: Vaccination/Medication Dispensing

After the medical screening, recipients with no medical contraindications are directed to the Vaccination/Medication Dispensing area.

****Emergency supplies to treat anaphylactic reactions must be available at the Vaccination/Medication Dispensing station. At this time, these treatments for anaphylaxis are to be provided by the community or communities within a regional coalition hosting the emergency dispensing site.**

For vaccination: Screens should be available to afford privacy to persons who need to remove clothing in order to expose the vaccination site. A vaccination assistant may help vaccine recipients expose their upper arm and cleanse the vaccination site if necessary. The vaccine recipient then proceeds to the vaccine administrator who administers the vaccine and completes the necessary documentation. Immediately thereafter, a vaccination assistant applies a bandage to the vaccination site and instructs the vaccine recipient on post-vaccination care of the vaccination site.

For medication dispensing: The recipient is given a supply of the appropriate medications based on the medical screening, and when possible, takes the first dose of the medication at the dispensing station.

Step 5: Forms Collection and Exit

Before leaving the dispensing site, recipients are routed to a forms collector stationed near the exit. This individual collects all required paperwork, answers any remaining questions, and informs recipients that they are finished with the process.

Other Operations Considerations

Dispensing Site Layout and Flow (See Figure 2 for a sample dispensing site flow diagram)

Dispensing sites should have clearly marked entrance and exit points with adequate waiting space for queues of people seeking vaccination/medication. Security staff should be posted at both locations to maintain order. Traffic flow within the dispensing site should be controlled and should

follow a logical path from entry into the dispensing site to exit from the dispensing site. A linear path of traffic flow from entry to exit on opposite sides of the facility is optimal. Easy-to-read signs should be provided to guide people through the dispensing site process.

Ideally, greeters and registration staff should be located in a separate room from the vaccination/medication dispensing station.

It is likely that the registration and medical screening processes will be the most time-consuming dispensing site activity. Sufficient staff should be assigned to move persons through these areas quickly to keep a steady flow of persons to the vaccination areas. Plans should include the capability of opening additional stations if necessary.

Foot traffic in the area where vaccine is being administered should be kept to minimum. Ideally, the vaccine administration tables should be set up so that the staff has their backs to the wall and patients are not congregating or walking behind them. The three steps of the actual vaccination process (vaccination site preparation, vaccination, and dressing application) will all take place in a relatively small space (one or two tables) in the same area. Since some vaccine recipients may need to remove shirts or blouses to be vaccinated, a separate, screened privacy area should be available out of view of other persons lined up for vaccination.

The medical emergency area should be located as close to the vaccine administration area as possible.

Documentation and Paperwork

If computer resources are available, data should be entered on each recipient into the web-based MDPH Prophylaxis and Vaccination Management System (PVMS) in real time during registration and at appropriate points throughout the dispensing site process. In the ideal scenario, all person-specific documents will be printed on-site for each vaccine recipient. However, paper copies of all documents must be available in sufficient quantities so that dispensing site operations can continue if the computer system fails. Whether during the dispensing site or later, electronic entry of critical data will be necessary.

Certain administrative documents and worksheets will be required to assist in dispensing site management and keeping track of the vaccine. These documents will be provided by MDPH and will be available on the MDPH web site.

Security

In an event involving bioterrorism or a naturally occurring large-scale infectious disease, the level of threat perceived by the public, whether real or imagined, may be extreme. In these circumstances, local public health officials should be prepared for a high level of demand for vaccine/medication.

With a significant level of anxiety among the public, the public health system may quickly lose the capacity to identify and limit vaccine/medication to individuals who meet the criteria for exposure and consequent vaccination. Vaccination sites might become quickly known, and areas around these sites may experience traffic gridlock, thereby limiting admittance to and egress from the dispensing site by individuals in critical need of vaccine and dispensing site staff (including those delivering supplies and vaccine).

In extreme cases, state and local health authorities may find it necessary to request the assistance of state and local law enforcement agencies for traffic and crowd control near Emergency Dispensing Sites, to support logistical and dispensing site supply needs, and/or to impose geographic quarantines around outbreak areas. If it becomes necessary, the Governor may order the National Guard to assist in traffic and/or crowd control. The ability of law enforcement and the military to supply security for a public health response may be limited by the demands of their duties as defined by emergency response plans.

Security must be provided throughout the length of the emergency, including when the site is not operational (i.e. during the night when restocking is occurring).

Transportation

Depending on circumstances, three populations may require transportation assistance:

- Dispensing site staff,
- Persons exposed to known cases and other high-risk individuals, and
- The general public (e.g. persons with low or unknown risk of exposure).

Although transportation of dispensing site staff can be handled with multiple vehicles or rented vans, special security arrangements may be required. Special consideration should be given if transportation of special populations becomes necessary [e.g. children, the elderly, homeless persons, remote populations, and disabled (including homebound) persons]. The ability to communicate with drivers via radio or cell phones is critical.

Vaccine/Medication Storage and Handling

Guidelines for the handling and storage of vaccine/medication used in Emergency Dispensing Sites will be provided with each shipment of vaccine/mediation and will be available on the MDPH website. The package insert should be consulted for optimal storage criteria. If the dispensing site lasts for more than one day, arrangements must be made to store the vaccine/medication in a secure location. Vaccine/medication usage should be monitored closely, and arrangements should be made to obtain additional vaccine/medication if needed. In addition, unused vaccine will need to be managed for eventual return.

Disposal of Needles and Medical Waste

All vaccination operations should observe universal precautions for preventing blood exposures and blood borne pathogen transmission. Observe the following guidelines for appropriate disposal of needles after use.

- Medical waste sharps containers should be available in the area where the sharp is used.
- Needles should be deposited into a sharps container immediately after use.
- Arrangements should be in place for transport and destruction of filled sharps containers.
- Medical waste, including gauze or cotton used during administration of vaccine, other potentially contaminated material, and empty vaccine vials should be bagged in appropriately marked biohazard bags and incinerated or autoclaved on-site if possible.

Vaccine/Medication Securities and Tracking

Since the supply of vaccine/medication may be limited and the demand may be extremely high, care must be taken to protect the vaccine/medication supply from theft and fraud. Every dose and vial must be accounted for before and after each dispensing site session. When data is entered online

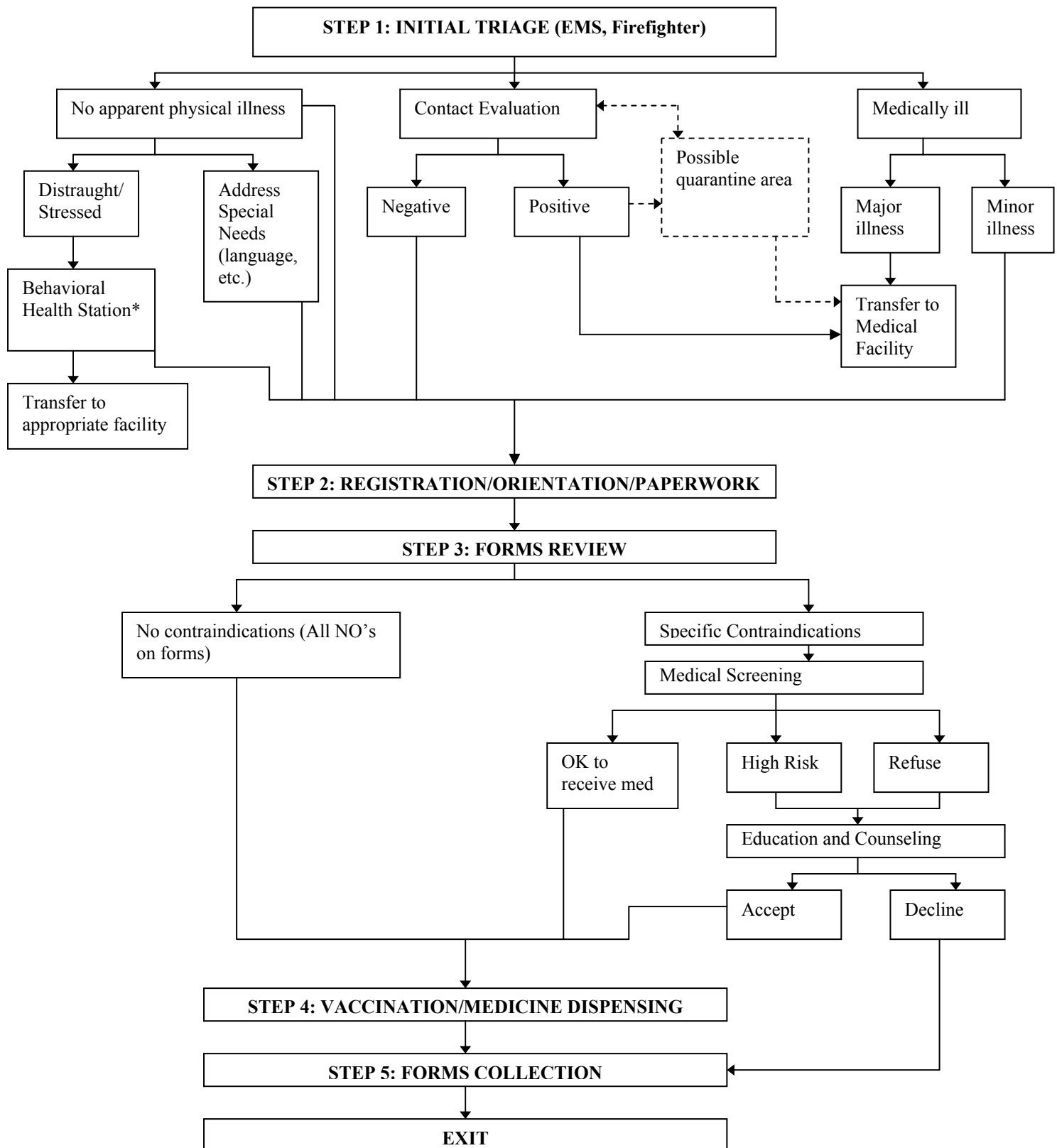
into the MDPH Prophylaxis and Vaccination Management System (PVMS), the number of doses administered/dispensed will automatically be counted.

If PVMS is not used or not operational, the number of doses administered/dispensed must be manually tallied from the paper copies of the administration forms of persons receiving vaccine that day that are entered on the Daily Vaccine/Medication Tracking Record.

The Daily Tracking Record also requires entry of the following additional information:

- Beginning inventory balance (i.e. the number of vials/bottles and doses from the previous day).
- Vials/bottles and doses received (i.e. the number of new vials/bottles and doses received during the day of the dispensing site).
- Total doses administered by age and lot number (brought forward electronically or manually from the administration forms).
- Ending inventory (i.e. vials/bottles and doses at the end of the day).

The number of unused doses will be determined automatically by the PVMS (Beginning Inventory plus Doses Received minus Ending Inventory). If paper forms are used, the number of doses to be returned or disposed of must be calculated and entered manually.

Figure 2: Emergency Dispensing Site Operations Flowchart

* Behavioral Health Staff as well as Security Staff may be located at various points throughout the EDS

Emergency Dispensing Site Supplies

General Supplies and Equipment	Suggested Emergency Supplies
<p>“TO GO” Kit (Basic first aid kit, flashlight, kept with site commander)</p> <p>Tables</p> <p>Chairs</p> <p>Water and cups</p> <p>Antibacterial hand washing solutions; alcohol based hand hygiene preparations (containing 60% or more alcohol)</p> <p>Paper</p> <p>Pens, pencils</p> <p>Envelopes (large and small)</p> <p>Manilla folders</p> <p>Rubber bands</p> <p>Tape</p> <p>Stapler/staples</p> <p>Scissors</p> <p>Post-it Notes</p> <p>Clipboards</p> <p>File boxes</p> <p>Telephone</p> <p>Paper towels</p> <p>Kleenex tissue</p> <p>Table pads and clean paper to cover tables for work sites</p> <p>Garbage containers and trash bags</p> <p>Biohazard bags</p> <p>ID badges for staff</p> <p>List of emergency phone numbers</p>	<p>Adult and pediatric standing orders for emergencies</p> <p>Ampoules of epinephrine 1:1000 IM</p> <p>Ampoules of diphenhydramine 50 mg IM</p> <p>3cc syringes with 1", 25-gauge</p> <p>1.5" needles</p> <p>Tuberculin syringes with 1" needles (for epinephrine)</p> <p>Alcohol wipes</p> <p>Tongue depressors</p> <p>Adult and pediatric pocket masks with one-way valve</p> <p>Adult and pediatric airways</p> <p>Sphygmomanometer with all sizes of cuffs</p> <p>Tourniquet</p> <p>Gurney</p> <p>Stethoscope</p> <p>Flashlight</p> <p>Cots</p> <p>Blankets</p> <p>Pillows</p>
Crowd Management Supplies	Computer Equipment and Supplies
<p>Signs for identifying each dispensing site stations</p> <p>Directional signs throughout the facility</p> <p>(A system to keep people in lines)</p>	<p>Computers</p> <p>Printers</p> <p>Paper</p> <p>Internet access</p>
Vaccine Administration Supplies	Medication Dispensing Supplies
<p>Vaccine cooler/ refrigerator</p> <p>Sharps containers</p> <p>Latex gloves</p> <p>Latex-free gloves</p> <p>Antibacterial handwashing solutions</p> <p>Acetone</p> <p>Rectangle band-aids</p> <p>Gauze</p> <p>Adhesive tape</p> <p>Spray bottle of bleach solution</p> <p>Hazardous Medical Waste bags</p>	<p>Drinking water so that recipients can take their first dose at the dispensing site</p> <p>Small paper cups</p>

11. Post Dispensing Site Activities (Recovery)

Post-dispensing site activities are necessary to ensure that the event is documented for the public record, to determine the cost of the operation and to enhance efficiency for future efforts.

Evaluation of Emergency Dispensing Sites should include:

- a. Review of expenditures and in-kind costs incurred during the operation.
- b. Identification of gaps and problems.
- c. Recommended changes in emergency response plans.
- d. Description of implications for the public health infrastructure.

12. Stand Up Dispensing Site Until Conclusion of State of Emergency (Depending on the Situation, the EDS Plan May Need to be Activated at Various Intervals)

When dispensing sites are utilized for the distribution of prophylactic antibiotics, the dispensing site may need to remain in operation for up to approximately 6 weeks as the duration of antibiotic prophylaxis may be as long as 60 days and the supply of antibiotic will not support dispensing antibiotics in quantities larger than a 5 – 14 day supply at any one time. Shorter or longer periods of prophylaxis will be announced through the Department of Public Health communications including the HHAN.

The Emergency Dispensing Site Plan should allow for the scaling-back of staff necessary for the refilling of antibiotics to meet the total duration of therapy necessary for prophylaxis.

Note: The use of anthrax vaccine requires three injections 14 days apart to complete the course of therapy.

APPENDIX A: RESOURCE NUMBERS

Massachusetts Department of Public Health Regional Health Educators and Regional Coordinators

Region	Regional Health Educator	Regional Coordinator
1 Western	Barbara Coughlin, RN Massachusetts Department of Public Health Western MA Regional Office, 23 Service Center Road Northampton, MA 01060 Phone: (413) 586-7525 x1165; Fax: (413) 784-1037 Email: barbara.coughlin@state.ma.us	Don Snyder, MPH Massachusetts Department of Public Health Western MA Regional Office, 23 Service Center Road Northampton, MA 01060 Phone: (413) 586-7525 x1117; Cell: (413) 326-1051; Fax: (413) 784-1037 Email: donald.snyder@state.ma.us
2 Central	Jane Anderson, MPH Massachusetts Department of Public Health Central MA Regional Office, 180 Beaman St., Rte. 140 West Boylston, MA 01583 Phone: (508) 792-7880 x2356; Fax: (508) 792-7706 Email: jane.anderson@state.ma.us	Jana Ferguson Massachusetts Department of Public Health Central MA Regional Office, 180 Beaman St., Rte. 140 West Boylston, MA 01583 Phone: (508) 792-7880 x2329; Fax: (508) 792-7706 Email: jana.ferguson@state.ma.us
3 Northeast	Elizabeth Sheehy, MS Massachusetts Department of Public Health Northeast Regional Office, Tewksbury Hospital, 365 East St. Tewksbury, MA 01876 Phone: (978) 851-7261 x4027; Fax: (978) 640-1027 Email: mailto:elizabeth.sheehy@state.ma.us	David Trout, AICP Massachusetts Department of Public Health Northeast Regional Office, Tewksbury Hospital, 365 East St. Tewksbury, MA 01876 Phone: (978) 851-7261 x4077; Fax: (978) 640-1027 Email: david.trout@state.ma.us
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5 Southeast	Lisa Crowner Massachusetts Department of Public Health Taunton State Hospital, 60 Hodges Ave., Gifford Building Taunton, MA 02780 Phone: (508) 977-3706; Fax: (508) 977-3558 Email: lisa.crowner@state.ma.us	Diane Brown-Couture, ALM Massachusetts Department of Public Health Taunton State Hospital, 60 Hodges Avenue, Gifford Building Taunton, MA 02780 Phone: (508) 977-3705; Fax: (508) 977-3558 Email: diane.brown-couture@state.ma.us

*Employed by the agency listed and is not a MDPH employee.

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**Massachusetts Department of Public Health
Massachusetts Immunization Program
Massachusetts Immunization Program Nursing Services**

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APPENDIX B: JOB ACTION SHEETS

POSITION TITLE: DISPENSING STAFF

Direct Supervisor:

Mission: Provide Clients with prophylactic agents.

Qualifications: Licensed medical professional with legal authority to administer/deliver medications (Please note: Those with this authority may change in an emergency)

POSITION RESPONSIBILITIES

Initial Action/Planning Phase

- ☐ Provide credentials if this has not been previously done.
- ☐ Review your Position Checklist and check off tasks as they are completed.
- ☐ Obtain credentialing and put on ID badge.
- ☐ Attend overall staff briefing.
- ☐ Receive assignment-specific briefing from your supervisor.
- ☐ Review educational materials on medications, becoming familiar with appropriate administration techniques, contraindications, potential drug interactions, vaccine/medication side effects, and disease symptoms.
- ☐ Assist in setting up dispensing site area.
- ☐ Meet with lead Medical Screener.
- ☐ Familiarize self with clinic layout and process.
- ☐ Review emergencies orders and become familiar with placement of ER supplies.

Primary Responsibilities During Site Operation

- ☐ Identify recipients of medication.
- ☐ Review screening form to assure it is completed.
- ☐ Be prepared to treat emergency situations.
- ☐ Confer with Lead Medical Screener as needed.
- ☐ Provide appropriate environment to give necessary medication, assuring as much privacy as possible.
- ☐ Provide clients with needed prophylaxis.
- ☐ Assure follow-up is complete (dressing in the case of some immunizations/education).
- ☐ Complete and sign paperwork necessary.
- ☐ Direct clients to forms collection area.

Deactivation Phase

- ☐ Assist with the teardown and re-packing of the assigned area.
- ☐ Ensure that all collected paperwork associated with this area is turned in to administration.
- ☐ Identify issues for After Action Report.
- ☐ Participate in de-briefing.

POSITION TITLE: FLOW MAINTENANCE

Direct Supervisor:

Mission: Maintain steady flow of clients through the dispensing process, acting as gatekeeper.

Qualifications: Non-medical, able to stand and walk for extended periods, assertive, calm, soothing manner. Ability to spot people who may need additional assistance.

POSITION RESPONSIBILITIES
<p>Initial Action/Planning Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review your Position Checklist and check off tasks as they are completed. <input type="checkbox"/> Obtain credentialing and put on ID badge. <input type="checkbox"/> Attend overall staff briefing. <input type="checkbox"/> Receive assignment-specific briefing from your supervisor. <input type="checkbox"/> Familiarize self with clinic layout and process.
<p>Primary Responsibilities During Site Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist clients in moving through each station of the dispensing process. <input type="checkbox"/> Avoid the formation of crowds in any one area. <input type="checkbox"/> Escort non-English speaking/reading clients from entrance to process areas. <input type="checkbox"/> Assist groups entering and leaving areas. <input type="checkbox"/> Notify clients of when forms will be needed or any special needs (i.e. rolling up sleeves for immunizations). <input type="checkbox"/> Accompany clients who need assistance (wheel chairs, walkers, unsteady). <input type="checkbox"/> Notify supervisor of bottlenecks that need to be eased. <input type="checkbox"/> Notify security staff of situations requiring security intervention. <input type="checkbox"/> Assist in transporting supplies as needed. <input type="checkbox"/> Periodically check with dispensing site staff for any supply needs or client assistance. <input type="checkbox"/> Escort distressed, upset clients, anxious clients to mental health consultation area. <input type="checkbox"/> Assure family units remain together and in appropriate lines.
<p>Deactivation Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist with the teardown and re-packing of the assigned area. <input type="checkbox"/> Identify issues for After Action Report. <input type="checkbox"/> Participate in de-briefing.

Greeters will cross train with Flow Maintenance staff whenever possible.

POSITION TITLE: FORMS REVIEWER

Direct Supervisor:

Mission: Collect client forms. Check to ensure all documentation is complete and legible. Assist with form completion if necessary.

Qualifications: Non-medical, basic clerical skills, attention to detail.

POSITION RESPONSIBILITIES
<p>Initial Action/Planning Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain credentialing and put on ID badge. <input type="checkbox"/> Attend overall staff briefing. <input type="checkbox"/> Receive assignment-specific briefing from your supervisor. <input type="checkbox"/> Familiarize self with clinic layout and process. <input type="checkbox"/> Familiarize self with all forms needed. <input type="checkbox"/> Familiarize self with data entry location.
<p>Primary Responsibilities During Site Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure all pages of forms are completed and legible. <input type="checkbox"/> Assist individuals as needed to complete the forms. <input type="checkbox"/> Redirect individuals as needed. <input type="checkbox"/> Ensure lot numbers and that all necessary manufacturing information is complete. <input type="checkbox"/> Note departure time. <input type="checkbox"/> Collect all documents for data entry. <input type="checkbox"/> Direct individuals to exit.
<p>Deactivation Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect all remaining materials for clean up. <input type="checkbox"/> Identify issues for After Action Report. <input type="checkbox"/> Participate in de-briefing.

POSITION TITLE: GREETER

Direct Supervisor:

Mission: Welcome, orient and direct public to where they need to go.

Qualifications: Non-medical, able to stand and walk for extended periods, calm, soothing manner. Ability to spot people who may need additional assistance.

POSITION RESPONSIBILITIES
<p>Initial Action/Planning Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review your Position Checklist and check off tasks as they are completed. <input type="checkbox"/> Obtain credentialing and put on ID badge. <input type="checkbox"/> Attend overall staff briefing. <input type="checkbox"/> Receive assignment-specific briefing from your supervisor. <input type="checkbox"/> Familiarize self with clinic layout and process.
<p>Primary Responsibilities During Site Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Greet individuals as they arrive and answer questions about the procedures at the facility. <input type="checkbox"/> Identify individuals with language barriers and notify translators. <input type="checkbox"/> Provide paperwork packets, with adjustments as needed to accommodate language needs. <input type="checkbox"/> Identify individuals who may need translators, mental health consultation or additional assistance. <input type="checkbox"/> Monitor other personnel and individuals for fatigue or stress. Notify direct supervisor as needed.
<p>Deactivation Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist with the teardown and re-packing of the assigned area. <input type="checkbox"/> Ensure that all collected paperwork associated with this area is turned in to administration. <input type="checkbox"/> Identify issues for After Action Report. <input type="checkbox"/> Participate in de-briefing.

Greeters will be assigned to the Reception Area. Greeters will cross train with Flow Maintenance staff whenever possible.

POSITION TITLE: MEDICAL SCREENER

Direct Supervisor:

Mission: Assess individuals for contraindications to medications.

Qualifications: Trained medical professional or individual capable of being trained to carry out screening procedures.

POSITION RESPONSIBILITIES

Initial Action/Planning Phase

- ☐ Provide credentials if this has not been previously done.
- ☐ Review your Position Checklist and check off tasks as they are completed.
- ☐ Put on ID badge.
- ☐ Attend overall staff briefing.
- ☐ Receive assignment-specific briefing from your supervisor.
- ☐ Review educational materials on prophylactic agents, becoming familiar with contraindications, potential drug interactions, vaccine/medication side effects, and disease symptoms.
- ☐ Review screening forms.
- ☐ Assist in setting up dispensing site area.
- ☐ Identify lead Medical Screener (A physician with final recommendation authority).
- ☐ Familiarize self with location of all areas of clinic.

Primary Responsibilities During Site Operation

- ☐ Provide assistance to triage staff by assisting in the assessment of clients who appear ill.
- ☐ Review screening form for those who have a potential contraindication or drug interaction.
- ☐ Review client medical history and ensure that the consent form is complete.
- ☐ Review medical conditions that could make the client ineligible to receive prophylactic agent.
- ☐ Confer with Lead Medical Screener as needed.
- ☐ Provide answers for medical questions concerning prophylaxis.
- ☐ If there are no contraindications/interactions or disease symptoms, direct client to vaccination or dispensing waiting area.
- ☐ For non-English clients, contact an interpreter and obtain information needed to complete the screening form.
- ☐ If client refuses recommendation, document refusal.
- ☐ If client opts out or is deferred, provide counseling, document client's status, and notify Flow Maintenance staff to escort the client to Forms Collections station.

Deactivation Phase

- ☐ Assist with the teardown and re-packing of the assigned area.
- ☐ Ensure that all collected paperwork associated with this area is turned in to administration.
- ☐ Identify issues for After Action Report.
- ☐ Participate in de-briefing.

POSITION TITLE: BEHAVIORAL HEALTH CONSULTANTS

Direct Supervisor:

Mission: To provide behavioral health support and intervention to individuals, communities and emergency responders during the emergency event.

Qualifications: All behavioral health consultants are trained in incident command and Disaster Behavioral Health theory and techniques.

POSITION RESPONSIBILITIES

Initial Action/Planning Phase

- ☐ Obtain credentialing and put on ID badge.
- ☐ Attend overall staff briefing.
- ☐ Receive assignment-specific briefing from supervisor.
- ☐ Familiarize self with clinic layout and process.
- ☐ Familiarize self with all forms needed.
- ☐ Introduce self and explain professional role and responsibilities to other staff members in physical area.
- ☐ Familiarize self with location of direct supervisor, clinic supervisor, and security staff.

Primary Responsibilities During Site Operation

- ☐ Collaborate with clinic staff to create a safe and comfortable environment for attendees to receive information, emergency care, and support.
- ☐ Assess the behavioral health issues/needs of attendees and staff at clinic sites.
- ☐ Provide support to attendees and staff as needed.
- ☐ Provide emergency behavioral health interventions as needed.
- ☐ If necessary, coordinate with clinic staff to arrange transport for distressed individuals to appropriate locations for additional support/intervention.
- ☐ Fill out appropriate form for each contact.

Deactivation Phase

- ☐ Deliver contact forms to supervisor at end of shift.
- ☐ Fill out Behavioral Health clinician form and deliver to supervisor at end of shift
- ☐ Identify issues for After Action Report.
- ☐ Participate in de-briefing.

POSITION TITLE: REGISTRATION

Direct Supervisor:

Mission: Provide appropriate forms to all individuals entering the dispensing site. Answer any forms questions.

Qualifications: Non-medical, basic organizational, clerical skills, attention to detail. Reassuring, calm, soothing manner. Ability to sit for extended hours.

POSITION RESPONSIBILITIES
<p>Initial Action/Planning Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review your Position Checklist and check off tasks as they are completed. <input type="checkbox"/> Obtain credentialing and put on ID badge. <input type="checkbox"/> Attend overall staff briefing. <input type="checkbox"/> Receive assignment-specific briefing from your supervisor. <input type="checkbox"/> Familiarize self with clinic layout and process. <input type="checkbox"/> Review the dispensing site forms. <input type="checkbox"/> Assist in set-up of registration area.
<p>Primary Responsibilities During Site Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide individuals with registration and educational materials, stressing the importance of filling out forms completely and legibly. <input type="checkbox"/> Assist individuals who require assistance in completing forms. <input type="checkbox"/> Be available to answer any forms questions as they arise; any medical questions should be referred to Medical Screeners. <input type="checkbox"/> Direct individuals to next waiting, education or forms completion area. <input type="checkbox"/> Notify Flow Maintenance of individuals who need assistance, wheel chairs, walkers, OR of distressed, upset individuals and anxious individuals who need mental health consultation. <input type="checkbox"/> Identify additional needs as they arise (i.e. need for translators).
<p>Deactivation Phase</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist with the teardown and re-packing of the assigned area. <input type="checkbox"/> Identify issues for After Action Report. <input type="checkbox"/> Participate in de-briefing.

Registration will be assigned to the registration area. They may be cross-trained with Greeters/Flow Maintenance staff.

POSITION TITLE: SECURITY

Direct Supervisor:

Mission: Ensure overall security of the facility, personnel, medications, and individuals.

Qualifications: Law enforcement background, supplemented by volunteers. Ability to provide clear concise direction, traffic control background helpful. Ability to stand for long periods of time.

POSITION RESPONSIBILITIES

Initial Action/Planning Phase

- ☐ Review your Position Checklist and check off tasks as they are completed.
- ☐ Obtain credentialing and put on ID badge.
- ☐ Attend overall staff briefing.
- ☐ Receive assignment-specific briefing from your supervisor.
- ☐ Familiarize self with clinic layout and process.
- ☐ Familiarize self with parking and credentialing procedures.

Primary Responsibilities During Site Operation

- ☐ Meet supply vehicle with medications and supplies, and provide security to site location.
- ☐ Secure all entrances/exits.
- ☐ Greet vehicles and direct to appropriate parking locations.
- ☐ Direct clients to entrance.
- ☐ Provide security within the facility.
- ☐ Maintain order within and outside the facility, responding as needed to events.
- ☐ Ensure smooth operations.

Deactivation Phase

- ☐ Ensure facility is empty of clients
- ☐ Provide security for remaining medications and supplies until returned.
- ☐ Identify issues for After Action Report.
- ☐ Participate in de-briefing.

POSITION TITLE: TRANSLATOR

Direct Supervisor:

Mission: Provide interpretation for non-English speaking individuals throughout the dispensing site.

Qualifications: Non-medical, proficiency in both English and another language (including American sign language) for translation. Reassuring, calm, and soothing manner.

POSITION RESPONSIBILITIES

Initial Action/Planning Phase

- ☐ Review your Position Checklist and check off tasks as they are completed.
- ☐ Obtain credentialing and put on ID badge.
- ☐ Attend overall staff briefing.
- ☐ Receive assignment-specific briefing from your supervisor.
- ☐ Familiarize self with clinic layout and process.
- ☐ Review all dispensing site forms.
- ☐ Become familiar with all education materials.
- ☐ Utilize methods to identify languages available (i.e. country flags).
- ☐ Maintain contact with greeter, registration, flow maintenance and EDS Coordinator, so they are aware of your ability to translate.

Primary Responsibilities During Site Operation

- ☐ Respond to requests for interpretation.
- ☐ Greet the client, introduce yourself, and explain that you are there to provide interpretation to help them through the process.
- ☐ Interpret all verbal instructions, questions, education, and written materials.
- ☐ Provide assistance with forms. EDS staff may need to verbally ask for the information on the form and write in the information given by the client.
- ☐ Accompany individuals through each station of the process.
- ☐ Refer distressed, upset individuals, anxious individuals who need mental health consultation.
- ☐ Request additional supplies as needed.

Deactivation Phase

- ☐ Assist with the teardown and re-packing of the assigned area.
- ☐ Identify issues for After Action Report.
- ☐ Participate in de-briefing.

POSITION TITLE: TRIAGE

Direct Supervisor:

Mission: To triage new arrivals and determine if they require immediate communicable disease isolation or medical assistance.

Qualifications: Medical background, ability to quickly assess situation. Calm, reassuring manner.

POSITION RESPONSIBILITIES

Initial Action/Planning Phase

- ☐ Review your job action checklist and check off tasks as they are completed.
- ☐ Obtain and put on ID badge.
- ☐ Attend overall staff briefing.
- ☐ Receive assignment-specific briefing from your supervisor.
- ☐ Familiarize self with clinic layout and process.

Primary Responsibilities During Site Operation

- ☐ Evaluate people and direct them into proper areas for treatment.
- ☐ Assess individuals who appear ill and divert them from EDS flow.
- ☐ Assess need for immediate transport versus travel with family to receiving facility.
- ☐ Identify individuals with language barriers and notify translators.
- ☐ Identify individuals who will need physical assistance and divert to area for assistance.

Deactivation Phase

- ☐ Assist with the teardown and re-packing of the assigned area.
- ☐ Ensure that all collected paperwork associated with this area is turned into administration.
- ☐ Identify issues for After Action Report.
- ☐ Participate in de-briefing.

APPENDIX C: ACRONYMS

Acronyms

CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CRI	Cities Readiness Initiative
EDS	Emergency Dispensing Site
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
ICS	Incident Command Structure
IDEP	Infectious Disease Emergency Plan
HHAN	Health and Homeland Alert Network
LEPC	Local Emergency Planning Committee
LOG	Logistics
OPS	Operations
MDPH	Massachusetts Department of Public Health
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NIMS	National Incident Management System
PF & A	Planning, Finance and Administration
PIO	Public Information Officer
PVMS	Prophylaxis and Vaccination Management System
SNS	Strategic National Stockpile

APPENDIX D: EMERGENCY DISPENSING SITE IDENTIFICATION FORM

Massachusetts Department of Public Health
Emergency Dispensing Site Identification Form
 (Complete one form for each Dispensing Site)

1. City/Town/Region (list regions/cities/towns covered):

2. Site Location:

Name of Facility: _____

Facility Type (School, Community Center etc): _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

3. Contact Individuals

	Name	Contact Information
Primary		Telephone:
		Cell Phone
		Pager
Secondary		Telephone:
		Cell Phone:
		Pager:

4. Site Information (pertinent to actual EDS facility)

Main Number	
Secondary Number	
E-mail Address	

5. Through Put (estimated population treated/hour) (e.g. 300 citizens/hour)

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6. Hours of Operation (e.g. 0700 to 2100)

From:	To:
--------------	------------

Send completed form to: Robert.Paone@state.ma.us or fax (508) 820-2030

APPENDIX E: SAMPLE MEMORANDUMS OF UNDERSTANDING (MOU)

SAMPLE Memorandum of Understanding for Mass Dispensing Site Location

Our facility _____ hereby acknowledges the intent to serve as a local dispensing site for the Strategic National Stockpile in the event that the stockpile is requested to address a large-scale communicable disease outbreak or bioterrorism event. In making this acknowledgment, we agree to do the following:

1. After meeting our requirements to our employees, parishioners, students, members, or clients, our facility will permit, to the extent of its ability and upon request of the XXX BOH, the use of the physical facilities and equipment by the XXX BOH within 24 hours of the request and for the time period being requested, for mass clinics for disease prevention and control activities, including but not limited to:
 - Office equipment, including telephones, copy machines, computers, fax machines
 - Tables, chairs, desks, cots, wheelchairs
 - Refrigerators
2. Designate three points of contact in case of emergency:
 - An administrator who will serve as the primary point of contact. This person should have authority to open up the building.
 - A janitorial point of contact who will work with XXX BOH personnel to move tables, chairs, etc.
 - A security point of contact who will interact with the XXX BOH and local law enforcement in making security plans.
3. Allow our facility to be visited by members of the local health department, local law enforcement, and, if applicable, the National Guard for the development and maintenance of a site dispensing plan.
4. Allow our facility to be listed in a confidential annex to the local plan to distribute the Strategic National Stockpile (SNS).
5. Encourage personnel to become members of the Medical Reserve Corps to ensure adequate training for personnel willing to serve as distribution clinic volunteers.

As part of this agreement, we expect the XXX BOH to:

1. Provide a XXX BOH point of contact to answer questions that noted facility might have about these arrangements.
2. Replace or reimburse noted facility for any supplies that may be used by XXX BOH in the conduction of its mass clinics.
3. Provide health and/or security professionals who would meet people at the entrance of our facility and, to the best of their ability, prevent contagious people from entering the building.
4. Coordinate the provision of extra security personnel, and provide any post-event cleanup that is needed.

5. Provide training for personnel who will staff the dispensing clinic.

It is understood the noted facility will maintain, and does not relinquish, their flexibility to make arrangements that will minimize the disruption that serving as an SNS distribution site could entail.

XXX BOH
Representative

Distribution Site Representative

Printed Name and Title

Printed Name and Title

Date

Date

SAMPLE Agreement for Facility Use (School)

This agreement is made and entered into between the _____ **School District**, hereinafter referred to as “District” and the **XXX BOH**, hereinafter referred to as “XXX BOH”.

Recitals

The American Red Cross XXX Chapter has an existing agreement with the District that provides the framework for a collaborative effort to provide emergency shelter for disaster-displaced members of the community.

XXX BOH has a responsibility to assure medical care for those injured by the disaster and provide mass chemoprophylaxis/vaccinations to the population if needed. XXX BOH has entered into agreements with Red Cross as well as public and private entities to accomplish this end.

XXX BOH desires, when deemed necessary, to establish mass chemoprophylaxis/vaccination sites, or shelters for the medically fragile, hereinafter referred to as “treatment sites,” at District schools to provide medical care to persons injured and/or displaced by the disaster or in need of mass chemoprophylaxis/vaccinations.

Now, therefore, it is mutually agreed between parties as follows:

1. District agrees that, after meeting its emergency responsibilities to its students and staff, it will permit, to the extent of its ability and upon request of XXX BOH, as specified in this agreement, use of District facilities identified in Addendum A, on a temporary basis, for a treatment site.
2. XXX BOH and District agree to cooperate in the selection of the facilities that will be listed in Addendum A, which will be separate from facilities utilized by the American Red Cross, although both may be active at the facility at the same time.
3. District and XXX BOH agree to provide, and to update periodically, facility point-of-contact and activation authorization information as detailed in Addendum B.
4. District agrees that it will, prior to releasing facility to XXX BOH for use, evaluate the facility and secure valuable property not required for XXX BOH activities, to the extent reasonably possible.
5. XXX BOH agrees that it will exercise reasonable care in the conduct of its activities in such facilities and will, when provided with documented inventory and cost information, replace or reimburse the District for any foods, supplies, or damage to facilities or equipment arising from the conduct of XXX BOH activities.
6. Upon termination of use as a treatment site, XXX BOH agrees to leave the premises in their original condition.
7. A representative of XXX BOH will meet with the designated District representative periodically to evaluate the necessity for the continuation of operations and to resolve any other operational concerns.
8. Should the District request that a treatment site be relocated before the end of operations, XXX BOH agrees to relocate within 48 hours of the District’s request to do so.
9. It is understood that it is the responsibility of XXX BOH to establish, staff, maintain, and dismantle the operations of the treatment site.

10. Notwithstanding any other agreements, XXX BOH agrees to defend, hold harmless, and indemnify the District against any legal liability in respect to bodily injury, death, and property damage arising from the negligence of XXX BOH or its officers, agents, or employees, including reasonable attorneys' fees.
11. Notwithstanding any other agreements, the District agrees to defend, hold harmless, and indemnify XXX BOH from any legal liability in respect to bodily injury, death, and property damage arising from the negligence of the District or its officers, agents, or employees, including reasonable attorneys' fees.
12. Either party may discontinue this agreement in writing at any time unless the facility is currently being used as a treatment site.

In witness thereof, the parties have caused this agreement to be executed, said agreement to become effective and operational upon the fixing of the last signature hereto.

XXX BOH _____ School District

Signature Signature

Title Title

Date: _____ Date: _____

APPROVED AS TO FORM:
XXX BOH COUNSEL

By _____

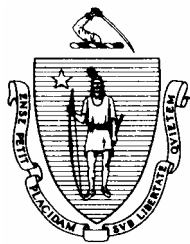
Addendum A

(Insert description of portions of facility to be used.)

Addendum B

(Insert contact information.)

APPENDIX F: CHAIN OF CUSTODY MEDICAL MATERIEL TRANSFER



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston 02108-4619

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

RONALD PRESTON
SECRETARY

CHRISTINE C. FERGUSON
COMMISSIONER

(Draft)

Medical Materiel Transfer Form

The Department of Public Health hereby transfers medical materiel into the custody and control of the receiving authority listed below. By signing this form, the receiving authority acknowledges receipt of the medical materiel listed on the accompanying manifest.

The receiving authority accepts full responsibility for the materials entrusted into its possession and agrees to abide by the terms, conditions, and responsibilities, of all applicable agreements between the Commonwealth of Massachusetts and local authorities, as well as all applicable federal and state laws and regulations.

(Printed Name and Title of MDPH Authority)

Signature and Date

Authorized Receiving Authority
(Print Name and Title)

Signature and Date

(If Schedule II Substances are transferred)
Authorized Receiving Authority
DEA Registrant
(Print Name, Title & DEA Registration Number)

Signature and Date